



1. The Contractor shall maintain an individual monthly summary of the services delivered and progress made toward the participant's employment goals in each participant's file. The Contractor shall submit these summaries electronically to the S2W Program Manager and distribute a copy to the appropriate DSHS/DVR Counselor, Individualized Education Program (IEP) Teacher, participant, and primary support person no later than the monthly billing due date. These summaries and service hours delivered shall continue through School-to-Work S2W Exit and CSA process located at: <http://kingcounty.gov/DCHS/contracts> or DSHS/DVR case closure (90-Days post stabilization), whichever date comes later.

a. For agencies in the High Supports Collaborative Model, the individual monthly summary will clearly indicate the service collaboration that occurred during the month and that it meets the requirements in the Contractor's Memorandums of Agreement with other participating Contractors

2. All monthly summaries shall be supported by individual student contact records and maintained in each participant's file. These records may be monitored.

3. Per the Assessment requirement identified in the State Fiscal Year 2016 contract, Exhibit III, the Contractor shall maintain a copy of the assessment report in the participant's file. The Contractor shall submit the assessment electronically to the S2W Program Manager, and distribute a copy to the DSHS/DVR Counselor, IEP Teacher, participant, and primary support person no later than the monthly billing due date for the month the assessment was completed.

4. The Contractor shall title each monthly summary, document employment service, including job information and service termination information for all participants each month on the monthly billing report as outlined in this document attachment. In the event the Contractor is not claiming reimbursement, the Contractor shall enter a zero in the units received column of the billing form. The County may audit this data to ensure accuracy of reporting and appropriateness of coding.

S2W Billing & Data Reporting Instructions

| Job Type Codes | |
|----------------|---|
| Code | Description |
| JT01 | Clerical |
| JT02 | Labor |
| JT03 | Management |
| JT04 | Self Employed |
| JT05 | Service |
| JT08 | Administrative Support Occupations |
| JT09 | Animal Husbandry, Agriculture and Related Occupations |
| JT10 | Education Occupations |
| JT11 | Food Services Occupations |
| JT12 | Lodging, Building and Related Occupations |
| JT13 | Machine Trade Occupations |
| JT14 | Manufacturing, Construction and Related Occupations |
| JT15 | Medical/Health Care Occupations |
| JT16 | Personal Service Occupations |
| JT17 | Physical Sciences and Laboratory Technology Occupations |
| JT18 | Professional and Support Specialists |
| JT19 | Social Service Occupations |
| JT20 | Wholesale/Retail Trade Occupations |
| JT21 | Other Occupations |

| Other Outcomes Reported (in addition to employment) | |
|---|---|
| Code | Description |
| 1 | Post-secondary education |
| 2 | Additional job(s) |
| 3 | Side business |
| 4 | Volunteering |
| 5 | Employment Services (Seeking Paid Employment) |
| 6 | Community Access |
| 7 | Adult Day Health |
| 8 | Health condition preventing work |
| 9 | Moved out of county |
| 10 | None known |
| 11 | DVR Services |

| Job Loss Code | |
|---------------|------------------------------------|
| Code | Description |
| 1 | Decided to quit |
| 2 | Career advancement opportunity |
| 3 | Downsizing/ lay off due to economy |
| 4 | Change in management |
| 5 | Work performance issues |
| 6 | Health-related reasons |
| 7 | Transportation issues |
| 8 | Scheduling issues |
| 9 | Attendance issues |
| 10 | Inappropriate social behavior |
| 11 | Hygiene issues |
| 12 | Other |

| Service Termination Code | |
|--------------------------|--|
| Code | Description |
| 1 | Participant no longer interested in employment |
| 2 | Participant dropped out of school |
| 3 | Participant changed vendors |
| 4 | Agency unable to provide employment services to serve client |
| 5 | No funding available for continued services |

| Monthly Service Note | |
|--|---|
| Description | File Format |
| Submit a summary of the activities and progress toward employment goals for each individual enrolled at the completion of each month. Submit these summaries electronically to the School-to-Work Program Manager and distribute a copy to the appropriate DSHS/ DVR Counselor, IEP Teacher, and Student / Primary Support person. | Submit summary electronically using the following title format : Agency Abbr_ 4 digit Exit Year_ 2 digit Month_ Model_ District_ Last,First Initial - VAD_2016_06_PS_SE_Smith,J - PSP_2016_06_GEN_IS_Wu,S - AW_2016_06_DIS_BE_Billings,A - TRI_2016_06_ACO_KE_Knoyle,S - PRO_2016_06_DIS_SH_Boyde,S - HC_2016_06_ACO_FW_Nguyen,S |

| File Format Abbreviations | |
|----------------------------|--------------|
| School-to-Work | Abbreviation |
| S2W - General | GEN |
| S2W - District | DIS |
| S2W - Agency Collaborative | ACO |
| S2W - ACHIEVE | ACH |
| S2W - Project SEARCH | PS |

| Agency Name | Abbreviation |
|--------------------------------|--------------|
| AtWork! | AW |
| CARES | CAR |
| CTC - Sunrise | CTC |
| ENSO | EN |
| Highline College | HC |
| Northwest Center | NWC |
| Provail | PRO |
| Puget Sound Personnel | PSP |
| SCCC-Mainstay | SCCC |
| Seeds4Success | S4S |
| Service Alternatives | SA |
| SKCAC | SKC |
| Special Care Agency | SCA |
| Trillium | TRI |
| University of Washington | UW |
| Vadis | VAD |
| Washington Vocational Services | WVS |
| Work Opps | WO |

| School District Name | Abbreviation (Reference Only) |
|----------------------|-------------------------------|
| Auburn | AU |
| Bellevue | BE |
| Enumclaw | EN |
| Federal Way | FW |
| Highline | HI |
| Issaquah | IS |
| Kent | KE |
| Lake Washington | LW |
| Mercer Island | MI |
| Northshore | NO |
| Renton | RE |
| Riverview | RI |
| Seattle | SE |
| Shoreline | SH |

S2W Billing & Data Reporting Instructions

KCDDD
School To Work (All Models)

PROVIDER NAME: Agency Name
Address 1
Address 2

Tel: 123-456-7890 X-123
Fax: 123-456-7890

General Instructions (Needed for Current & Past Year):
Columns "A-G" & Colum "Z"
~ Prefilled by STW
~ Confirm, Add, and/or Contact STW for Changes
Columns "H-V" & Colum "AA"
~ Completed Monthly by Contractor

Service Month/Year: Mo/Yr
Contract NO.: XXXXXXX
KCDDD Contact Person: Richard Wilson
Tel: (206) 263-9044
Fax: (206) 205-1632

See "Instructions & Codes" Tabs Below

Hours worked per Month

Gross Wages per Month

See "Instructions & Codes" Tabs Below

See "Instructions & Codes" Tabs Below

See "Instructions & Codes" Tabs Below

| # | Client Information | | | School Details | | | Employment Service Information | | | | | | | | | | Benefit Planning | Termination | | | | Monthly Billing | | | | DVR Details | |
|------------------------------------|--------------------|-----------|----------|----------------|--------|-------------|--------------------------------|------------------|-----------------------|---------------|------|----------|-------------|-------------|-------------------|----------|------------------|-------------|----------|---------------------|------|-----------------|-------------------------|---------------|------------------|---------------|----------------------|
| | Client Name | ADSA | Next ISP | Exit | School | IEP Teacher | Service Start | Planning Meeting | Assessment Completion | Job Placement | Job | Employer | Client Paid | Gross Wages | Job Stabilization | Other | Consultation | Job Loss | Job Loss | Service Termination | Srvc | Service Hours | Number of Service Units | Standard Unit | Total Calculated | DVR Counselor | 90 Day Stabilization |
| | (Last, First) | Client ID | Date | | | | Date | Date | Date | Type | Name | | Hours | \$ | Date | Reported | Date | Date | Code | Code | Code | | | | | | |
| -A- | -B- | -C- | -D- | -E- | -F- | -G- | -H- | -I- | -J- | -K- | -L- | -M- | -N- | -O- | -P- | -Q- | -R- | -S- | -T- | -U- | -V- | -W- | -X- | -Y- | -Z- | -AA- | |
| 20XX Graduates | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Last, First | 123456 | mm/dd/yy | 20XX | | | mm/dd/yy | mm/dd/yy | mm/dd/yy | mm/dd/yy | | | | | mm/dd/yy | | mm/dd/yy | mm/dd/yy | | mm/dd/yy | | | 0.0 | 500.00 | - | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| # | | | | | | | | | | | | | | | | | | | | | | 0.0 | 500.00 | - | | | |
| | TOTAL | | | | | | | | | | | | | | | | | | | | | 0.00 | 0.0 | | - | 0.00 | |
| 20XX Graduates | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Last, First | 123456 | mm/dd/yy | 20XX | | | | | | | | | | | | | | | | | | | | | | - | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| DVR Total Linked to Invoice 0 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |